597 Adoption was fairly common, though not always of lasting satisfaction. On the other hand, in this watery domain, the 842 trouble (lambàk) in raising children, mostly involving 855 ceaseless tending, was such that a childless woman was accorded a little surface envy as one who had missed or avoided a lot of trouble. The attitude towards twins was • 845 ambivalent. "Twins are unlucky because there are more mouths to feed, more labour, trouble, and not enough milk. With twins, a poor family will never rise again." "No one will marry a twin for fear of begetting twins." "If twins are of a different sex, one must die." Yet others considered twins lucky "because they could be nursed at the same time, and given the same things."

855 Wealth differences also affected these attitudes, especially if babies came in close succession. Comments 842 heard were: "Why do poor people have more children than the 184 rich?" "Many visitors come bringing gifts to a rich parturient because she is respected. No one likes to talk to a poor person." "Those who have a baby oftener than every 3 years will never be rich. Fortunately, 4 of my 7 children died." The increasing cost of raising children was a concern. In one of the few families that had plans for their children's education, the father underwent a vasectomy after his 9 fine children were born, because he "feared he would not be able to feed them all." His wife, reassured that the operation had not "hurt" her husband, "was glad he had done so."

847 Abortifacients and Contraceptives

[779] Episodes concerning abortifacients were whispered about both Muslims and Buddhists. A Buddhist who induced abortion was seen as impeding an individual's rebirth and disobeying a religious prohibition on taking life, tenets which did not obtain among the Muslims. Abortifacient medicines to be used with abdomen-pressing were quietly sold by Muslims.[6] "Unmarried Muslim girls use them mostly," reported one Buddhist, "and they almost die in the process." A Buddhist curer had similar expensive medicine, but "unlike the Muslims, he will 842 not destroy the baby." Chinese boat-vendors also carried contraceptive medicines (yà) which were secretly discussed by wives. A husband reported his wife as saying, "Old ways

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6. Fraser (193) reports that in the Muslim village of Rusembilan, abortions were openly practiced, (as if part of a Muslim cultural heritage).

826 [764] [763] [754] [752] [845]

As to the gross structure of the body, some persons learned about the skeleton when, in preparing corpses for cremation, the undertaker stripped the decaying flesh from the bones, usually in the presence of relatives and spectators of all ages. Occasional autopsies because of suspected sorcery, and surgical removal of a fetus from a deceased mother by caesarian section led to some knowledge of organs and blood vessels. Male and female masseurs of considerable competence were trained in the Chinese neuro-muscular system. A system of "origins," e.g. that the elbow-origin was in the arm pit, and the chest originated at the spine, might relate to the Chinese concept of linkage points on the body, in particular, acupuncture. In Bang Chan's popular conceptualization, the protecting skin which enclosed the body was thin at the top of the head and especially so at the stomach area. An old image also persisted that the body cavity itself was a relatively undivided space extending from neck to pelvis. Inside the cavity, food dropped from the top, faeces packed down at the bottom. Through the body curculated slowly the blood; several kinds of water (nâm) (McF. 453) e.g., the nâm khraam (refuse-water) (ibid. 453) in the abdomen; and several winds (lom) (ibid. 728) e.g., the pushing lom bêng (ibid. 487), and the pulling lom chhawat (ibid. 287). The small hair-whorls noted on the head, hip, or shoulder were construed as minor vortices of these currents, or as souls (khwan).

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Foremost in people's minds were the elemental constituents of the body. The human body, along with every animal, plant, or mineral in the world, was made up of 4 elements (thât): earth, fire, water, and wind (air).[19] This ancient four-fold view, also familiar to the Greeks, had mixed in Bang Chan with the traditional five-element Chinese system (metal, earth, fire, water, wood) because gold, iron, and wood were also spoken of as constitutional elements, and there may have been others. Some persons said that the proportions of the 4 major elements were the same for everyone, others, that they varied for different temperaments, which were also affected by the presence or absence of elements other than the basic 4.

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19. "The body, comprising about a bushel of powdery earth-element, is held together by half a bushel of juicy water-element, and propped up by the windy-element. The fiery element digests what is eaten or drunk and preserves the body". (Visuddhi-Magga. [Warren:157-158]).

843 [775] She might also be troubled by the ghost of anyone who had died violently. This ghost, a phī tai thang klom, caused "the worst of all possible deaths." The phi krasū spirit,[25] entering through her anus, also might cause death by consuming her faeces, organs or the child's entrails. It was more dangerous during and after childbirth than during pregnancy (Textor:304-320). The [753] supernatural disease missile called "khun" might also strike. "If the mother is under 9 months pregnant, the baby inside can protect (itself). If this happens during the ninth month, the doctor uses holy water to extract it at the time of birth." Khun was recognized by "extra pain [751] occurring just before the baby comes out." To protect themselves, women wore extra talismans or had 7 dots [304] tattooed under the arm.

843 • 845 There was no assumption that what was born was inevitably to be human. When people said of a woman who had died pregnant, "the child ate the mother;" or, at a miscarriage, "the mother ate her child," or if many of a couple's children died, "they eat their children," the charge might be merely the comment of a vituperous neighbor, but the reality of vicious, autonomous beings, human or otherwise, in the womb was unmistakable. A certain woman died pregnant. The fetus, removed surgically, was observed to have 7 visible teeth, which indicated it was a non-human, yak (giant). However, a child might also be the soul of an angel in the form of a falling star that entered the womb in the advanced stages of pregnancy. "If such a baby lives it is pure and is a very wonderful child." Episodes were described of women giving birth to "gold," "jewels," "a monkey," "a fish's stomach," and a mouse-like "Golden Child." Sometimes these

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[771] [783] [514] [262] 25. This spirit ate like a dog, not like a human being, in eating faeces and putrid meat (McF.46). No revulsion nor idea of filth and contamination was found in Bang Chan's attitudes about faeces or urine. The infant in the womb sat peaceably on the mother's faeces. It was lucky to dream of faeces. In daily life human and animal excretions, like sins at the festival of Loy Krataung, were carried away by the canal waters. Bang Chan Buddhists recognized a need for cleansing, but not for purification. Since neither faeces nor sins were filthy the water was not contaminated. Even putrid meat was not disgusting in the context of the perishability of the flesh, but as food it was revolting. Muslims, however, had built in contamination to their concept of sin, so required purification.

Sometimes these aberrancies were viewed as desirable sources of supernatural power, but on other occasions, they were seen as a sign of demerit, caused embarrassment, and were suffocated at once (if alive), and buried.

If a woman died pregnant, her body was at once brought to the temple where the unborn child was removed surgically. The usual solacing sermon, rites "to lead the deceased to live in her right place in the next world," and cremation took place, with the fetus laid beside its mother so that it "would come out normally." The mother and child were separated to prevent a ghost which was double-powered. No prayers were chanted at home before exsection "lest they make the power of the spirit stronger." Moreover, any violent or premature death caused an angry ghost. The ghost of a premature child had a heavy load of sin, for its stay in purgatory, where sin was worked off, had been interrupted (Textor:262). An unscrupulous mɔ̄ was eager to get possession of any ghost for use in sorcery, and a double ghost was stronger than any other. Ghosts were obtained by plundering the mortuary chambers of the temple prior to cremation. By feeding (liang) it, a mɔ̄ controlled it. The ghost of a male infant was preferable because it was "stronger than that of a female." In the light of this situation, not only should the body of a pregnant woman never be left alone " so that no one can get at them (sic)," but a pregnant woman herself ought not to be alone.[26] The behavior towards the Rice Goddess, Mother Posop, who was "pregnant" when the grains in the stalk filled out, illuminated many of these attitudes: "Mae Posop feels weak, hungry, and uneasy. She is eager to taste sour and sweet foods. She is a woman and beautiful in her pregnancy." To allay her hunger the

26. In Cambodia, a pregnant woman might be murdered, even by her husband, so that the murderer might gain the malevolent power that possession of her now double soul would afford. (E.R.E. "Cambodia": p.159). This specific statement was not found in Bang Chan but might be part of the shadowy background to local reluctance to leave a pregnant woman alone.

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A midwife or doctor could not be blamed, unless it was felt they did not help as much as they could have.

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A child lacking in merit died. Such individuals, for some reason, did enough at their own birth. Words of comfort to a surviving mother were, "your baby did not have enough merit to live." If particularly sinful, it died after making delivery unusually painful. "Once a child was born dead, but it teased the midwife by moving its legs a bit. Consequently, its death was not the fault of the midwife." The child's lack of merit was proved by its death and its maliciousness. There was no hostility towards any child born in a hard delivery, for if both mother and child survived, the demerit that caused the suffering was the mother's.

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On the other hand, a meritorious woman with a meritorious baby had a short, easy delivery. Such a child was considerate: "he will not hurt his mother, will help her to bear him easily, and will live."

A woman who safely came through childbirth felt deep satisfaction and new security. Bearing a child in itself did not bring any merit, though it was an act of mercy. Merit could come later with the ordination of a son. However, why one woman had successful or short labor, and another not, was unequivocally clear and accepted. If delivery were normal, she was confident of her and her child's store of merit. If not, she bore the anguish, convinced that she had brought it on herself in some previous life. Since sins were worked off with pain, every thrust made her future lives happier. Fear was minimized, for if death came, it was merit-determined.

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greater, for relatives were at hand. Some of these ordinary persons developed skills of considerable consequence. 844

If difficulties developed, then a more experienced person, perferably a midwife, was needed. But many a midwife assisted at normal births. Because difficulties might arise from a deficiency of merit either in the mother or the child (one could never know which), many women preferred to have in attendance, for peace of mind, either a midwife or an experienced person to insure the presence of expert help. Sometimes they were engaged in advance, more often just sent for "as pain is increasing," it being not always certain whether the case was normal or not. 844 759

A few women were delivered at the Minburī Health Center. These were rarely normal cases. The Center was turned to as a last resort in dire circumstances, with the result that sometimes the woman died in the boat on the way. A few persons of rather more modern outlook, such as wealthy farmers, teachers, and traders, had been delivered there and recognized its usefulness. 844 743 [845] [847]

The midwives lived in all parts of the community, with 3 in the populous central temple area. No one was more than a half-hour's paddle, or an hour's walk from the home of some midwife. What was desired, however, was a particular person, even though he might not be the most accessible one. 759

Since midwives were all heads of large families their clientele was mostly their kinsmen. They also took care of non-kin who lived in their locality. A daughter or other close relative who had married out would be attended wherever she was, if she did not return home for confinement. 759 571 602

In choosing a midwife, a parturient sought out not only skill but favored a kinsman over a non-kinsman, a close relative over a distant one, a near person over a far.[63] Occasionally, to sustain an image of progressiveness, social superiority or of wealth display, a midwife from outside Bang Chan was imported. Sometimes proximity, convenience, and

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63./ A male and 2 female kinsmen-midwives were called by the man's sister to deliver her, and all came. He did not deliver her because she was "too close a relative," but he said a brother "could deliver a sister."

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in the khwan khăo "gift" handy cash. The income was about 40 to 200 baht ($2.00 to $20.00) per year.

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The duties of a midwife were not time consuming if all went well. There was practically no pre-natal care, and a few hours of care was given for only three days after birth. If complications arose, though, the midwife spent long hours away from home. In fact the husband of one midwife grumbled, "You don't receive anything, and just waste time. Sometimes you stay away over night, and no one watches the house or the children."

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In their social role, midwives felt personal but not group solidarity. A solid bond existed between an older midwife and the particular younger one to whom he or she had given training and magic. Those related by blood or marriage sometimes worked together, and even turned over cases to each other if outside demands became pre-eminent. If in trouble on a case, midwives did not call on each other unless as close, affectionate relatives but turned rather for help from a mŏ or to the Minburi Health Center. Yet sometimes rivalry was severe. If the family of the parturient felt that no progress was being made with one midwife, they called in another and another. Each did his utmost and then stepped down when it had to be admitted, "My magic is not enough." The final expert who brought mother and baby through before the deposed midwives glowed inwardly with pride and skill and satisfaction that the magic of his particular teacher had proved effective. The sharpness of the competition reverberated through the words, "I pushed the other midwives down." Community standing or 'face' was not lost by an unsuccessful case because of the midwives' fundamental role as helpers only, their faith in their own experiences, and again, the conviction that the course of childbirth was merit-determined.

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Though living like other elder citizens of the community, in their social role they were more respected. Known as selfless donors of time and energy for the sake of others, whose successes gave proof of merit and nurturing capacity, they were viewed as assets to the community. In spite of competition considerable affection was evident between some. They were elders before a sea of youth, old friends who had for years lived and farmed side by side, met at ceremonies, and shared many experiences.

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If the case were in difficulty sometimes a mŏ was called, sometimes a midwife or even both. What was the nature of their respective specialties? What in fact made certain midwives "professionals" (tham ăchîp [Mc.F. 990]) when others who had equal or more experience were not so considered?

The Role of the หมอ

756 844 A หมอ never delivered the baby and never even touched a woman in labor, for this was not part of his specialty. If labor were slow, or weakness were setting in, he came to give a decoction to raise the fire element within the body, speed up the winds and so strengthen the contractions. He also gave holy water for general strength and to clear out, if such there were, any obstructing spirit or magical disease object like khun. Because of his experience, though, he might stand beside the midwife or other woman instructing; for instance, "Pull now!" "Watch out for the eyes!" His advice was more often sought after childbirth if fever or swollen body were in evidence, for these were the results of "inadequate outflow of blood and fishy-water." Because they were called in case of debility, the หมอ were the ones who suggested when it was advisable to send a parturient to the Minburi Health Center.

756 84 No priest-หมอ was ever called for childbirth because of the contact with a woman's genital area, though they were consulted on menstrual and pre-natal irregularities.

759 The Specialty of the Midwife

Midwives were called หมอ tamyaa (doctor-expert-in-occultism; pounding, as in a mortar [McF. 365] crouching, [McF. 682]). There were 4 or 6 women, both Buddhist and Muslim, and 2 or 3 Buddhist men, who had delivered 100 or so babies apiece. They ranged in age from 50 to 70. Dozens of women had delivered babies one or more times but were not accorded the title of midwife. [192]

759 845 The foundation of their specialty was a greater than usual manual skill, developed over long experience. "We have only our hands," said one woman. The more expert could handle certain mal-positions, and did not hesitate, but only with permission, to put the hand into the vagina to turn the baby or "unstop the blood." They were better judges of the progress of labor, whether normal or slow, and of the symptoms of debility. They were more likely to keep calm in the face of extreme suffering where the parturient's relatives, over-eager in their desire to help, sometimes inflicted

severe injury, such as bruising by excessive pressing, or even in hysteria pulling the child to pieces in their effort to get it out.[66] [759 845]

Secondly, a midwife offered success, not only as proof of competence, but as a substantive asset. It will be remembered that the initial shape of an event set the invariable pattern for its subsequent occurrences. Thus a parturient was virtually certain of successful childbirth if she called on a person who had the habit (khoŋi) of success. It could not turn out otherwise. We have also seen that these successful midwives were good nourishers (liaŋ dii). A new mother wanted to associate herself with such a fortunate sequence. Once established, a midwife's reputation was not unduly tarnished by the loss occasionally of a mother or baby. She might explain, "The woman did not do as I said," or "I was not given permission to do what I could have done, for her family feared she would be even more hurt by my putting my hand into the vagina." Death was, of course, only due to the running-out of the deceased's merit. [761]

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66. To give something of the measure of their skill: if the feet of the baby appeared first, one man "straightened the legs by hand inside, held the chin carefully as the head came through," while another said, "Do not press or reach into the vagina. Let the baby come naturally." If an arm came first, or it were a breech presentation ("the baby is turned over"), the procedure was to "pull and press lightly," but it was conceded that neither the mother nor child could be saved. Expulsion of the placenta was frequently difficult. "It may take 7 hours or stay in 7 days or more. Some die when it is left in, but some do not." The technique of removal was to give a medicine, press, pull with the hands rubbed with alum for a better grip, with the woman in a crawling position. Some reached into the vagina to locate it. One woman had analyzed her practice so as to know when to expect trouble: namely, in the later pregnancies and childbirths, i.e. the sixth and seventh, say, rather than in the early ones during a woman's younger years.

As to mortality, one "professional" man estimated 30 deaths of babies out of 238 deliveries in 50 years. Hauck (1956) reported 90.6% live births (pp. 32-33), 7% of the babies dying in the first month, 11% within the first year (pp. 39-41). One should remember that the professionals had a greater proportion of difficult cases. One woman had delivered over 100 babies and "all lived." [165] [163]

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743 Chan during a period of residence in Bangkok was delivered
844 at the Women's Hospital and at a later pregnancy at the
178 Minburī Center. With her last baby, however, she elected
[759] to be delivered at home by the local midwife as more convenient in order to assure from her bed supervision and proper care for her other children. One young woman of very high social and economic standing preferred to import a midwife from a community six kilometers down the canal, and bear her child in her own home rather than attempt getting to a hospital.

Moreover, basically the Minburī Health Center was seen
[845] as a place for sick people, while normal childbirth was not a medical matter. To plan ahead for medical care there was to invite an abnormal delivery. The Center also suffered a poor reputation for success because difficult cases, hopelessly advanced, were the usual ones brought in. "At the Center are many ghosts," people said.

743 Some comments were genuinely favorable. The cleanli-
759 ness of the hospital was greatly appreciated. Anyone who
178 witnessed the skill of the doctor or nurse-midwife held it in respect.

Techniques of delivery were sometimes mistrusted,
75 sometimes admired. "They pull out the child with their
844 hands, which is dangerous." "The fecal pump is unneces-
743 sary." "One may not chawl during labor." A mō-midwife
178 who witnessed the nurse-midwife at work said approvingly, "She can force a baby out, but our midwives can only press harder," and "The hospital knows when a baby will come." The stopping of the flow of birth fluids by an injection was resented as affecting strength adversely, yet the injection that "made the placenta come so fast I couldn't notice it," or "gave the mother strength when the baby was stronger than she" was liked. The pills for pain were enthusiastically received. The hospital's closed windows "protected the baby from wind element," but the journey home dangerously exposed it and the mother to cooling wind. The dietary recommendations during recovery appeared wrong: eggs, which were "too cooling," or fruit, which "gave no strength." The suggestion of a nurse that scissors be used to cut the cord was resented as uncomprehending of village living problems ("we haven't any!" and "scissors always rust") and also as unwise ("rust gives tetanus poisoning").

75 Another criticism was the lack of personal warmth and
844 pity manifested by modern physicians and nurses, unlike
178 the attentive, reassuring mō. By forbidding abdomen-pressing, they were accused of "not doing enough," even of